

Appendix B

ESTIMATED ADMINISTRATIVE OPERATING BUDGET
FISCAL YEAR JULY 1, _____ THROUGH JUNE 30, _____

A. Administrative Expenses:

Project Manager's Salary	\$ _____
Fringes	_____
Secretary/Bookkeeper	_____
Fringes	_____
Office Supplies	_____
Building Utilities (lights, heat, water)	_____
Telephone	_____
Insurance	_____
Bonding	_____
Promotion	_____
Travel (Mileage)	_____
Miscellaneous Expenses	_____
Advertising (notices in newspapers)	_____

Total Administrative Expenses \$ _____

B. Operating Expenses:

Driver Salaries	\$ _____
Fringe Benefits	_____
Dispatcher	_____
Maintenance (Labor and Parts)	_____
Fuel and Oil	_____
Tires and Tubes	_____
Misc. Materials and Supplies	_____

Total Operating Expenses \$ _____

C. Total Administrative & Operating Expenses \$ _____

D. Estimated Operating Cost (Medicaid)* \$ _____

Prepared by _____ Date _____

Title _____

* Estimated Operating Cost (Medicaid) is that part of the Total Administrative & Operating expense to be used for Medical transportation for Missouri Medicaid eligible individuals (Appendix A, Section II, C.7).

This budget page may be modified for your specific needs. Please note any modification with a check mark to the left of your line item.

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Reinstated

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Effective Date 07/01/95

COOPERATIVE AGREEMENT BETWEEN THE
MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
AND THE
UNIVERSITY OF MISSOURI - MISSOURI KIDNEY PROGRAM

NON-EMERGENCY MEDICAL TRANSPORTATION

I
STATEMENT OF PURPOSE

This agreement is entered into by the Missouri Department of Social Services, Division of Medical Services (DSS/DSS) and the Curators of the University of Missouri on behalf of the Missouri Kidney Program (UM/MKP) for the administration of scheduled transportation services for Missouri Medicaid eligible individuals to obtain non-emergent but medically necessary, Missouri Medicaid covered services.

II
MUTUAL OBJECTIVES

1. Ensure scheduled transportation services for Medicaid eligible recipients, who have no other transportation resources, to and from covered Missouri Medicaid covered services provided through the Missouri Kidney Program in the most appropriate, least costly manner.
2. Make every effort to provide the most efficient and cost effective non-emergency medical transportation (NEMT) services available to all Medicaid eligible individuals who receive services through the Missouri Kidney Program.

III
RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse UM/MKP the Title XIX Federal share of actual and reasonable costs for transportation provided related to the activities performed under this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in Federal regulations affecting the matching percentage or costs or both eligible for enhanced or administrative match, which become effective subsequent to the execution of the agreement will be applied as provided in the regulations.

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2. Provide UM/MKP access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation services.
3. Meet and consult on a regular basis with UM/MKP on issues related to this agreement.
4. Review administrative payments made to UM/MKP to ensure that NEMT services are provided in the most efficient and cost effective manner and that payments made to UM/MKP do not duplicate other Medicaid NEMT payments.
5. Provide written instructions, technical assistance, and necessary consultation to UM/MKP staff regarding the responsibilities assumed within the terms of this agreement.

UM/MKP agrees to:

1. Provide professional, technical and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation.
2. Maintain the confidentiality of client records and eligibility information received from DSS/DMS and use that information only for administration, technical assistance and coordination of activities authorized under this agreement. UM/MKP shall not disclose to third parties confidential factual matter provided by DSS/DMS except as may be required by statute, ordinance, or order of the Court, or as authorized by DSS/DMS. UM/MKP shall notify DSS/DMS immediately of any request of such information. UM/MKP shall provide DSS/DMS with detail of all trips provided to Medicaid recipients with the quarterly invoice.
3. Certify to DSS/DMS the provision of the non-federal share for transportation services via completion of DSS/DMS Certification of General Revenue form. The Certification of General Revenue must accompany each invoice.
4. Submit invoices on a quarterly basis in a format approved by DSS/DMS. Invoices submitted to DSS/DMS must include a certification that costs have been incurred in the performance of the contract and a record of actual costs. These documents will be certified by the signature of the authorized agent of UM/MKP.
5. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS/DMS any Federal share which is deferred, or ultimately disallowed or both arising from the invoices submitted to DSS/DMS by UM/MKP.
6. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.

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2

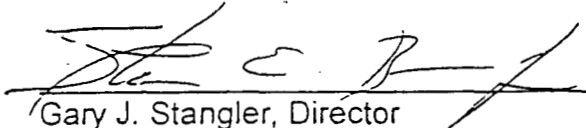
Effective Date 07/01/95

7. Meet or consult with DSS/DMS on issues arising out of this agreement and to exchange information regarding policy and procedure relating to the efficient administration of medically necessary transportation. Conduct all activities recognizing the authority of the state Medicaid agency in the administration of the Medicaid State Plan on issues, policies, rules and regulations on program matters.
8. UM/MKP shall use reimbursement received as a result of this agreement to expand non-emergency medical transportation services for Missouri Medicaid eligible individuals. Reimbursement received as a result of this agreement shall not be used to reduce UM/MKP expenditures for NEMT below that amount spent in FY95 for Missouri Medicaid eligible individuals

IV

PERIOD OF PERFORMANCE/TERMINATION OF AGREEMENT

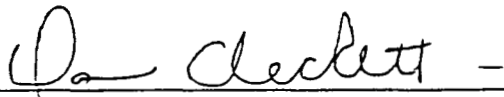
1. The period of this Cooperative Agreement shall begin July 1, 1995. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party. Reimbursement shall be made for the period when the agreement is in full force and effect.



Gary J. Stangler, Director
Department of Social Services

8/10/95

Date



Donna Checkett, Director
Division of Medical Services

8/10/95

Date



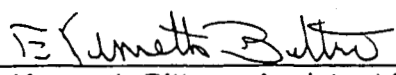
Robert Whitlock, Director
University of Missouri - Missouri Kidney Program

July 12, 1995

Date

PROVED
S TO
AL FORM

For the Curators of the University of Missouri



E. Kenneth Bittner, Assistant Director
Office of Sponsored Programs Administration
TN No. 95-38

7/20/95

Date

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Invoice # _____

INVOICE FOR MEDICAID ADMINISTRATION OF TRANSPORTATION

NAME OF GOVERNMENTAL ENTITY _____

INVOICE FOR PERIOD _____ THROUGH _____, FY _____

CONTACT PERSON _____ TELEPHONE NUMBER _____

REMIT MEDICAID REIMBURSEMENT TO:

- A. How many Medicaid eligible individuals were transported TO Medicaid covered services during this period? _____
- B. What was the total number of trips provided for the Medicaid eligible individuals reported in letter A? _____
- C. What was the cost of providing transportation for the Medicaid eligible individuals reported in letter A? _____

REIMBURSEMENT OF MEDICALLY NECESSARY TRANSPORTATION SERVICES

_____	X	50%	=	_____
(cost [letter C])	X	50%	=	(Total Medicaid Reimbursement)

CERTIFICATION OF REVENUE

The _____ (Government Entity) certifies that it has expended state and local general funds in an amount sufficient to provide the non-federal share of the expenditures being claimed for federal financial participation. The government entity also certifies that costs for which reimbursement is being requested are not being claimed, or used to support requests from any other grant program.

AUTHORIZED SIGNATURE

DATE

REIMBURSEMENT WILL NOT BE MADE WITHOUT RECEIPT OF COMPLETED FORM.

SEND INVOICE TO: CASH CONTROL UNIT
DIVISION OF MEDICAL SERVICES
P.O. BOX 6500
JEFFERSON CITY, MO 65102-6500

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CERTIFICATION OF GENERAL REVENUE
FOR THE DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
TITLE XIX TRANSPORTATION PROGRAM

Fiscal Year July 1, ____ through June 30, ____

Name of Funding Sources for Transportation	1. Local Funding	2. State General Revenue	3. Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

A. Total revenue used for all transportation
(Total #3.) \$ _____

B. Estimated percentage of transportation provided
to Medicaid eligible individuals _____

C. Total certified to be used for medical
transportation for Medicaid eligible individuals
(Cannot exceed A.) \$ _____

The agency also certifies that costs for which reimbursement will be requested are not
being claimed, or used to support requests from any other grant program.

AUTHORIZED SIGNATURE

DATE

TITLE

GOVERNMENT ENTITY

TN No. 95-38

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Effective Date 07/01/95

**COOPERATIVE AGREEMENT BETWEEN
THE MISSOURI DEPARTMENT OF SOCIAL SERVICES
Division of Medical Services
AND
THE MISSOURI DEPARTMENT OF HEALTH
Division of Maternal, Child and Family Health**

NON-EMERGENCY MEDICAL TRANSPORTATION ADMINISTRATION

**I
STATEMENT OF PURPOSE**

The Missouri Department of Social Services (DSS), Division of Medical Services (DMS) in cooperation with the Department of Health, Bureau of Special Health Care Needs (DOH/BSHCN), in order to provide the most efficient and effective administration of the Medicaid Non-emergency Transportation Program hereby agree to the conditions included in this Cooperative Agreement. The provision of EPSDT Administration by the Bureau of Special Health Care Needs has been determined to be an effective method of coordinating services and improving care associated with providing identified services beyond the scope of the state plan which are medically necessary and Medicaid coverable services.

The Department of Social Services, Division of Medical Services, recognizes the unique relationship that the Bureau of Special Health Care Needs has with the medical community, and its expertise in case management, care plan development, service coordination, case planning, service identification and monitoring. DSS, in order to take advantage of this expertise and relationship, enters into this cooperative agreement with DOH for non-emergency transportation administration including Prior Authorization of services and technical assistance within the limits of this agreement. This cooperative agreement will assure the most efficient and cost effective medically necessary non-emergency medical transportation (NEMT) services for Missouri Medicaid eligible individuals who have no access to transportation resources.

The Department of Social Services, Division of Medical Services, recognizes the Bureau of Special Health Care Needs as the most suitable agency to administer transportation coordination functions for a large segment of the Medicaid eligible population because of their knowledge of existing resources and their experience in linking children and adults with needed medical and support services.

The Department of Social Services and the Department of Health enter into this Cooperative Agreement with full recognition of all other existing agreements between these respective Departments which are currently included in the Title XIX State Plan.

**II
MUTUAL OBJECTIVES**

1. Research, develop, establish and maintain data that will serve as a basis for referral of Medicaid recipients to non-emergency medical transportation resources.
2. Notify Medicaid eligible recipients of the availability of non-emergency medical transportation resources in the state.
3. Arrange for most cost effective (including free) means of NEMT appropriate for levels of service required by Medicaid eligible individuals.
4. Assist individuals in accessing NEMT services to Medicaid scheduled appointments through referrals, as appropriate.
5. Administer the NEMT program in accordance with applicable State and Federal regulations.

**III
RESPECTIVE RESPONSIBILITIES**

DSS agrees to:

1. Reimburse DOH the Title XIX federal share of actual and reasonable costs for NEMT Administration provided by staff based upon a time-accounting system which is in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95; expense and equipment costs (costs include ordinary supplies, travel, and the cost of maintaining offices, such as utilities) necessary to collect data, disseminate information, and carry out the staff functions outlined in this agreement. DOH staff involved with direct program activity maintain an activity report showing the distribution of all of their daily activities. This 100% time report is used to distribute costs to the various program activities. Indirect costs are distributed to those programs in accordance with the approved rates as negotiated with the Department of Health and Human Services, Division of Cost Allocation (DHHS-DCA). The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching

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percentage, and/or costs eligible for enhanced or administrative match, which becomes effective subsequent to the execution of this agreement will be applied as provided in the regulations. The reimbursement of the federal share shall be provided upon receipt of the quarterly financial statement certified by the Department of Health for eligible claims prepared in accordance with applicable federal regulations.

2. Reimburse DOH the Title XIX federal share of actual and reasonable costs for research services provided by staff based upon a time-accounting system; expense and equipment costs, necessary administrative (including CPU costs) to collect data, disseminate information, and carry out the staff functions outlined in this agreement. The rate of reimbursement for eligible administrative costs will be 50%. Changes in federal regulations affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this agreement will be applied as provided in the regulations.
3. Reimburse DOH the Title XIX federal share of actual and reasonable costs incurred from DSS/DDP for this provision of data necessary for the coordination, identification and effective case planning for the target population. The DOH will reimburse the DSS-DDP for these services and will include these costs, as appropriate, in its claim under the NEMT program.
4. Provide to DOH access to the information necessary to properly provide NEMT administration.
5. Provide technical assistance to DOH in the development of screening and authorization procedures and protocols necessary for NEMT administration.
6. Enter into agreements with qualified NEMT service providers and agencies for the purpose of providing NEMT services for Medicaid eligible individuals.
7. Meet and consult on a regular basis, at least quarterly, with DOH on issues related to this agreement.
8. Provide training regarding those NEMT administrative functions and perform quality assurance reviews.

DOH/BSHCN agrees to:

1. Employ all necessary and appropriate administrative and support staff.
2. Recognize and accept as their own, the commitment of the DSS, DMS to provide referral to the least costly appropriate NEMT services.
3. Provide linkage of data systems for coordination, identification and effective case planning for NEMT services. The goal of this linkage is to monitor utilization, access and evaluation of program integrity.
4. Provide NEMT Administration as an agent for the Department of Social Services to assess the necessity for NEMT services. Activities include:
 - A. Assist DSS in the establishment of a NEMT resource directory for the purpose of referrals for NEMT services.
 - B. Advise Medicaid eligible recipients of the availability of non-emergency medical transportation resources in the state.
 - C. Receive requests from Medicaid recipients in need of NEMT services.
 - D. Screen requests for NEMT services and refer clients to the least costly appropriate NEMT service.
 - E. When appropriate, prior authorize NEMT requests to be paid through the Medicaid program funded by appropriation to DMS. Such approvals will be based on DSS/DMS guidelines.
 - F. Identify and refer potential NEMT providers to DSS/DMS.
 - G. Refer individual to least costly appropriate medically necessary transportation services. When appropriate, assist recipient by contacting provider of medical services to schedule treatment to coincide with available NEMT services.
5. Maintain the confidentiality of client records and eligibility information received from DSS/DMS and use that information only in the administration of, technical assistance of and coordination of activities authorized under this agreement.

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6. Meet and consult on a regular basis with DSS/DMS on issues arising out of this agreement. Provide recommendations to DSS/DMS for screening, prior authorization process, and tracking.
7. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies, rules and regulations on program matters including the review and approval by the Division of Medical Services of all printed material developed by DOH/BSHCN to fulfill this agreement.
8. Account for the activities of the staff employed under this agreement in accordance with the provisions of OMB circular A87 and 45 CFR part 74 and 95.
9. Provide as requested by the State Medicaid Agency the information necessary to request Federal funds available under the State Medicaid match rate. Submit detailed billings and use Standard Form 269 in addition to the billings for the necessary certification by the Executive Office of the Department of Health.
10. Return to DSS any federal funds which are deferred, ultimately disallowed or both arising from the administrative claims submitted by DSS on behalf of DOH.

IV PROGRAM DESCRIPTION

NEMT administration activities are activities for the efficient operation of the state plan. The nature of these activities is aiding Medicaid eligible individuals in accessing non-emergency medical transportation services to scheduled Medicaid medical appointments when access to free transportation is not available.

V PROGRAM EVALUATION PLAN

A task force consisting of the Directors of the DSS/DOH or their designees and an equal number of other persons from their respective divisions chosen by the Directors shall meet at least quarterly for the purpose of program development, review, and evaluation to discuss problems and to develop recommendations to improve programs for better and expanded services to eligible individuals. These activities shall include consideration of:

1. The evaluation of policies, duties and responsibilities of each agency.
2. Arrangements for periodic review of the agreements and for joint planning for changes in the agreements.
3. Arrangements for continuous liaison between the Divisions and Departments and designated staff responsibility for liaison activities at both the state and local levels.

VI TERMS OF THIS AGREEMENT

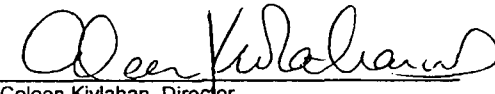
The period of this Cooperative Agreement shall be from October 1, 1996 and remain in effect until cancelled by one or both parties. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party, provided, however that any financial arrangement(s) pertaining to this agreement shall remain in effect and reimbursement shall be made for the period when the contract is in full force and in effect.


Donna Checkett, Director
Division of Medical Services

12/12/96
Date


Gary Stangler, Director
Department of Social Services

12/30/96
Date


Coleen Kivlahan, Director
Department of Health

11/9/96
Date

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COOPERATIVE AGREEMENT BETWEEN THE
MISSOURI DEPARTMENT OF SOCIAL SERVICES
Division of Medical Services
and the
MISSOURI DEPARTMENT OF HEALTH
Bureau of Special Health Care Needs
Head Injury Program

NON-EMERGENCY MEDICAL TRANSPORTATION

I
STATEMENT OF PURPOSE

The Missouri Department of Social Services (DSS), Division of Medical Services (DMS) and the Department of Health, Bureau of Special Health Care Needs, Head Injury Program (DOH/BSHCN), in order to provide the most efficient and cost effective Non-Emergency Medical Transportation (NEMT) services, hereby agree to the conditions included in this cooperative agreement.

II
MUTUAL OBJECTIVES

1. To ensure transportation services to and from covered Missouri Medicaid services for head injured Medicaid eligible recipients age 21 or over, who have no other transportation resources. Transportation will be provided through the DOH/BSHCN for described individuals in the most appropriate, least costly manner.

III
RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse DOH/BSHCN the Title XIX Federal share of actual and reasonable costs established for the administration of medically necessary non-emergency medical transportation. The rate of reimbursement for eligible costs will be 50%. Changes in Federal regulations affecting the matching percentage, and/or costs eligible for enhanced

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